

TRAVEL REQUEST

Employee _____

Travel Date(s) _____

Other County _____
Attendees _____

Seminar/Event _____

Location _____

**** Attach registration
form ******REGISTRATION FEE**

Issue Check to: _____

Mail Check ☐

(Company Name) _____

Hold Check ☐

(Mailing Address) _____

(City, State, Zip) _____

Fee Amount \$ _____ X (_____) # employees = \$ _____ Total Fee

Expense Account # _____

HOTEL/MOTELMail Check ☐

(Hotel/Motel Name) _____

Hold Check ☐

(Mailing Address) _____

(City, State, Zip) _____

Per night rate \$ _____

Occupancy Tax \$ _____

%Sales Tax \$ _____

Total per night \$ _____ X (_____) # of nights = \$ _____ Total

Confirmation # _____

Name reservations made under _____

Expense Account # _____

TRAVEL ADVANCE REQUEST

Yes ___ No ___

Payable to _____

Expected Meal Expense

\$ _____

Expected Transportation Expense

\$ _____

Other _____

\$ _____

Total Advance \$ _____

Expense Account # _____

MODE OF TRAVEL

County Vehicle _____ Private Auto _____ Commercial Carrier _____

A valid NC driver's license is required to operate a county or privately owned vehicle while on county business.

I understand excess travel advances must be repaid within ten (10) days of travel completion and related receipts turned into the Finance Office. My failure to comply could result in a deduction from my pay.

Employee Signature _____

Date _____

Approved: _____

Department Head _____

Department Head Travel or any out of state travel must be authorized by the County Manager.

County Manager _____

Date _____